

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/13/2010
FORM APPROVED
OMB NO. 0938-0391

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|---|--|---|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 290003 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | | (X3) DATE SURVEY COMPLETED C 08/06/2010 |
| NAME OF PROVIDER OR SUPPLIER SUNRISE HOSPITAL AND MEDICAL CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3186 S MARYLAND PKWY LAS VEGAS, NV 89109 | | |
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| A 000 | INITIAL COMMENTS This Statement of Deficiencies was generated as the result of an EMTALA (Emergency Medical Treatment and Labor Act) Complaint Investigation which was conducted at your facility from 08/04/10 through 08/06/10 in accordance with 42 CFR Chapter IV Section 489.20 and 489.24. The census was 453 and 45 patient records were sampled. The following complaint was investigated: Complaint #NV00025517 - Allegation regarding a physician on-call list was unsubstantiated. Allegation of no appropriate medical screening was substantiated at Tag 2400 and 2406. The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions, or other claims for relief that may be available to any party under applicable federal, state, or local laws. The following regulatory deficiencies were identified. | A 000 | | | |
| A2400 | 489.20(I) COMPLIANCE WITH 489.24 [The provider agrees,] in the case of a hospital as defined in §489.24(b), to comply with §489.24. | A2400 | | | |
| A2406 | 489.24(r) and 489.24(c) MEDICAL SCREENING EXAM Applicability of provisions of this section. (1) In the case of a hospital that has an emergency department, if an individual (whether | A2406 | | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | | TITLE | | (X6) DATE |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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| A2406 | <p>Continued From page 1</p> <p>or not eligible for Medicare benefits and regardless of ability to pay) "comes to the emergency department", as defined in paragraph (b) of this section, the hospital must (i) provide an appropriate medical screening examination within the capability of the hospital's emergency department, including ancillary services routinely available to the emergency department, to determine whether or not an emergency medical condition exists. The examination must be conducted by an individual(s) who is determined qualified by hospital bylaws or rules and regulations and who meets the requirements of §482.55 of this chapter concerning emergency services personnel and direction; and</p> <p>(b) If an emergency medical condition is determined to exist, provide any necessary stabilizing treatment, as defined in paragraph (d) of this section, or an appropriate transfer as defined in paragraph (e) of this section. If the hospital admits the individual as an inpatient for further treatment, the hospital's obligation under this section ends, as specified in paragraph (d)(2) of this section.</p> <p>(2) Nonapplicability of provisions of this section. Sanctions under this section for inappropriate transfer during a national emergency or for the direction or relocation of an individual to receive medical screening at an alternate location do not apply to a hospital with a dedicated emergency department located in an emergency area, as specified in section 1135(g)(1) of the Act. A waiver of these sanctions is limited to a 72-hour period beginning upon the implementation of a hospital disaster protocol, except that, if a public health emergency involves a pandemic infectious disease (such as pandemic influenza), the waiver</p> | A2406 | | | |

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| A2406 | <p>Continued From page 2</p> <p>will continue in effect until the termination of the applicable declaration of a public health emergency, as provided for by section 1135(e)(1) (B) of the Act.</p> <p>(c) Use of Dedicated Emergency Department for Nonemergency Services If an individual comes to a hospital's dedicated emergency department and a request is made on his or her behalf for examination or treatment for a medical condition, but the nature of the request makes it clear that the medical condition is not of an emergency nature, the hospital is required only to perform such screening as would be appropriate for any individual presenting in that manner, to determine that the individual does not have an emergency medical condition.</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure an appropriate medical screening examination was conducted to rule out a psychiatric emergency for 1 of 45 sampled patients (Patient #11).</p> <p>Findings include:</p> <p>Patient #11 presented to the Emergency Department (ED) via an ambulance on 07/27/08 at 12:14 AM with a chief complaint of Depression and Anxiety.</p> <p>The Nursing Physical Assessment dated 07/27/08 at 1:40 AM documented "...The patient appears to have altered thought processes (UNCOOPERATIVE)..."</p> <p>The Nursing Progress Notes dated 07/27/08 at 2:13 AM documented "...Refused to use urinal.</p> | A2406 | | | |

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| A2406 | <p>Continued From page 3</p> <p>Physically confrontational..."</p> <p>The Physician Clinical Report dated 07/27/08 at 12:14 AM documented "Chief Complaint - Delusional and Paranoid. This started yesterday. He has exhibited a sudden behavior change reported by the spouse. The patient has been angry and had mood swings and insomnia. No situational problems. Has no been eating or sleeping. The patient has had persecution delusions. The symptoms are described as severe. No injury is present."</p> <p>The physician's clinical impression was "Acute psychosis with delusions."</p> <p>Patient #11 was placed on a legal psychiatric hold 07/27/08 at 2:15 AM by a registered nurse due to "Patient states he's very depressed and anxious." The patient was medically cleared by the ED physician on 07/27/08 at 2:30 AM. The ED physician certified the patient has a mental illness and was a danger to self or others on 07/27/08 at 2:30 AM due to "Patient is acutely psychotic."</p> <p>There was no documented evidence the patient had a psychiatric evaluation to rule out a psychiatric emergency condition.</p> <p>On 07/27/08 at 4:40 AM, the facility completed a "Suicide Risk Factor Scale" which indicated a total score of 7. If the total score of 12 or greater, then the facility would initiate a case management referral for further assessment.</p> <p>Patient #11 was transferred from the ED to a psychiatric hold area on 07/27/08 at 5:25 AM. The nursing progress note documented the patient was placed on suicide precautions with every 15</p> | A2406 | | | |

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| A2406 | <p>Continued From page 4</p> <p>minute checks performed, clothing and valuables were removed. The psychiatric holding area was monitored with cameras and patient belongings were given to security. The patient reported moderate restlessness and anxiety. The patient reported moderate depression, denied suicidal ideation or plan, denied anger, headache or difficulty breathing. The patient's affect appeared normal, the patient appeared agitated with hyperactive body language.</p> <p>On 07/27/08 at 7:04 AM, nursing documented the patient was calm and resting quietly.</p> <p>On 07/27/08 at 9:10 AM, nursing documented the patient reported anxiety and restlessness. The patient was awaiting evaluation. The patient was Spanish speaking only and translation by security identified the patient had flight of ideas, confused and delusional "does not want to contaminate the world."</p> <p>On 07/27/08 at 1:00 PM, nursing documented "Patient was found face down in bed to eat lunch at 12:45 PM and found 2 socks stuck to his mouth and patient was not responsive called code."</p> <p>The ED physician pronounced the patient death on 07/27/08 at 1:00 PM.</p> <p>There was no documented evidence the patient was checked every 15 minutes for safety.</p> <p>On 08/05/10 at 1:25 PM, Employee #6 indicated the patient was placed on suicide precautions and every 15 minute checks when admitted to the psychiatric hold area. Employee #6 indicated there was no documentation the every 15 minutes</p> | A2406 | | | |

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| A2406 | <p>Continued From page 5</p> <p>checks were done in the patient's chart. There was no expectation the licensed nurse would enter a note in the computerized charting system everytime the 15 minute check was done. The licensed nurse could complete an hourly summary which would document the 15 minute checks where done. Employee #6 indicated the every 15 minute check could be a visual check and not a hands on check. Employee #6 indicated it was standard practice in the ED that when a patient was placed on a legal psychiatric hold, suicide precautions should be initiated and every 15 minute checks were based on patient needs.</p> <p>On 08/06/10 at 10:35 AM, Employee #3 indicated there was no documentation the every 15 minute checks were being done. The camera in the psychiatric hold area was rotating and was not constantly on the patient.</p> <p>The patient was placed on a legal psychiatric hold and the patient was certified as a danger to self or others due to being acutely psychotic. The record lacked documented evidence a psychiatric evaluation was completed to rule out a psychiatric emergency condition. The record lacked documented evidence the patient was appropriately monitored for safety, after the licensed nurse documented the patient was placed on suicide precautions and monitored every 15 minutes.</p> | A2406 | | | |